

Fill in this information to identify your case and this filing:

Debtor 1 Melvin J. Le-Mon
First Name Middle Name Last Name

Debtor 2 Julia M. Le-Mon
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1. 2413 Swatara St., Harrisburg, PA
Street address, if available, or other description

17104

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____

Current value of the portion you own? \$ 135,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____

Current value of the portion you own? \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

1.3. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ **Check if this is community property** (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. _____ →

\$ 135,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No
☒ Yes

3.1. Make: Volkswagon
 Model: GTI
 Year: 2007
 Approximate mileage: 78481
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ 9,810.00 \$ 9,810.00

If you own or have more than one, describe here:

3.2. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

3.3. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

3.4. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No

☐ Yes

4.1. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$9,810.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe..... Stove, microwave, fridge, dishwasher, dryer, vacuum, convection oven, grill, washer, space heater, See Attachment 1

\$6,500.00

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☒ No☐ Yes. Describe.....

\$

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.....

\$

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☐ No☒ Yes. Describe..... 1 firearm; Board games, camera, toys, sports equipment, bicycles

\$420.00

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....

\$

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe..... Debtor's clothing; Joint Debtor's clothing

\$750.00

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe..... Costume Jewellery

\$ 435.00

13. Non-farm animals*Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.....

\$

14. Any other personal and household items you did not already list, including any health aids you did not list☒ No☐ Yes. Give specific information.....

\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$8,105.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes Cash: **\$50.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes Institution name:

17.1. Checking account:	_____	\$ _____
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☐ No

Name of entity:	% of ownership:	
See Attachment 2	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.

Issuer name:

\$ _____
\$ _____
\$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No☒ Yes. List each

account separately.. Type of account: Institution name:

401(k) or similar plan: _____

\$ _____

Pension plan: _____

\$ _____

IRA: _____

\$ _____

Retirement account: _____

\$ _____

Keogh: _____

\$ _____

Additional account: _____

\$ _____

Additional account: _____

\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes.....

Institution name or individual:

Electric: _____

\$ _____

Gas: _____

\$ _____

Heating oil: _____

\$ _____

Security deposit on rental unit: _____

\$ _____

Prepaid rent: _____

\$ _____

Telephone: _____

\$ _____

Water: _____

\$ _____

Rented furniture: _____

\$ _____

Other: _____

\$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description:

\$ _____
\$ _____
\$ _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____ \$ _____

_____ \$ _____

_____ \$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them. ...

\$ _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...

\$ _____

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

\$ _____

Money or property owed to you?**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ _____

State: \$ _____

Local: \$ _____

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.

Alimony: \$ _____

Maintenance: \$ _____

Support: \$ _____

Divorce settlement: \$ _____

Property settlement: \$ _____

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.

\$ _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$

\$

\$

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.

\$

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.

\$

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims
☒ No

☐ Yes. Describe each claim.

\$

35. Any financial assets you did not already list
☒ No

☐ Yes. Give specific information.

\$

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$5,620.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**
☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned
☒ No

☐ Yes. Describe

\$

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe

\$

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No☐ Yes. Describe

\$ _____

41. Inventory

☒ No☐ Yes. Describe

\$ _____

42. Interests in partnerships or joint ventures

☒ No☐ Yes. Describe Name of entity:

% of ownership:

_____ %

\$ _____

_____ %

\$ _____

_____ %

\$ _____

43. Customer lists, mailing lists, or other compilations

☒ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☒ No☐ Yes. Describe

\$ _____

44. Any business-related property you did not already list

☒ No☐ Yes. Give specific information

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here



\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No☐ Yes

\$ _____

48. Crops—either growing or harvested☒ No☐ Yes. Give specific information.

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade☒ No☐ Yes

\$ _____

50. Farm and fishing supplies, chemicals, and feed☒ No☐ Yes

\$ _____

51. Any farm- and commercial fishing-related property you did not already list☒ No☐ Yes. Give specific information.

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.

\$ _____

\$ _____

\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$ _____

Part 8: List the Totals of Each Part of this Form**55. Part 1: Total real estate, line 2**

\$135,000.00

56. Part 2: Total vehicles, line 5 \$9,810.00**57. Part 3: Total personal and household items, line 15** \$8,105.00**58. Part 4: Total financial assets, line 36** \$5,620.00**59. Part 5: Total business-related property, line 45** \$0.00**60. Part 6: Total farm- and fishing-related property, line 52** \$0.00**61. Part 7: Total other property not listed, line 54** +\$0.00**62. Total personal property.** Add lines 56 through 61.\$23,535.00

Copy personal property total →

+\$23,535.00**63. Total of all property on Schedule A/B.** Add line 55 + line 62.\$158,535.00

Attachment
Debtor: Melvin J. Le-Mon Case No:

Attachment 1

toaster oven, crock pot, toaster, coffee maker, iron, fan, hand vacuum, 2 tvs, PlayStation II, computer, copier, 2 alarm clocks, clock, 2 satellite dishes, printer, fax machine, 2 cell phones, 2 clock radios, kitchen table and chairs, dishes, pots and pans, knives, glassware, cooking ware, utensils, 2 couches, 3 coffee tables, entertainment center, card table, ottoman, furniture for 3 bedrooms, 5 lamps, 3 blinds, bath mat, 4 laundry baskets, 3 brooms, luggage, child car seat, 3 vases, picture, 8 drapes, 4 rugs, ironing board, 2 strollers, 5 bed spreads, 5 blankets, sheets, table linens, toweling, 3 comforters, pillows, desk, filing cabinet, chair, patio furniture, 5 chairs, hand tools, hoses, leaf blower, push mower, wheelbarrow, 5 plants

Attachment 2

Car sale business that ceased to exist in August, 2014. Business was located at 520 Enola Road, Enola, Pa 17025. Debtor sold cars in conglomeration with a floor plan company (Nextgear/Manheim/DSC). No titles to vehicles were owned by the LLC. The company had a bank account at Members First Credit Union (\$-3,000.00) at present. The company owned two computers and two printers. Cleaning supplies, desk, supplies, paper. The Dealership has receivables of \$1,000.00 that may be collectable. Landlord for the real estate is owed \$3,500.00.

Fill in this information to identify your case:

Debtor 1 Melvin J. Le-Mon
First Name Middle Name Last Name

Debtor 2 Julia M. Le-Mon
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt****04/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:	<u>See Attachment 1</u>	<u>\$ 6,500.00</u>	<input type="checkbox"/> \$ _____	11 USC § 522(d)(3)
Line from Schedule A/B:	<u>6</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<u>Debtor's clothing</u>	<u>\$ 500.00</u>	<input type="checkbox"/> \$ _____	11 USC § 522(d)(5)
Line from Schedule A/B:	<u>11</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<u>Joint Debtor's clothing</u>	<u>\$ 250.00</u>	<input type="checkbox"/> \$ _____	11 USC § 522(d)(5)
Line from Schedule A/B:	<u>11</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	Costume Jewlery	\$ 435.00	<input type="checkbox"/> \$ _____	11 USC § 522(d)(4)
Line from Schedule A/B:	12		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	1 firearm	\$ 300.00	<input type="checkbox"/> \$ _____	11 USC § 522(d)(5)
Line from Schedule A/B:	9		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	See Attachment 2	\$ 120.00	<input type="checkbox"/> \$ _____	11 USC § 522(d)(5)
Line from Schedule A/B:	9		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Cash	\$ 50.00	<input type="checkbox"/> \$ _____	11 USC § 522(d)(5)
Line from Schedule A/B:	16		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$ 4,710.00	<input type="checkbox"/> \$ _____	11 USC § 522(d)(12)
Line from Schedule A/B:	21		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	See Attachment 3	\$ 110.00	<input type="checkbox"/> \$ _____	11 USC § 522(d)(5)
Line from Schedule A/B:			<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$ 750.00	<input type="checkbox"/> \$ _____	11 USC § 522(d)(5)
Line from Schedule A/B:	21		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B:			<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B:			<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B:			<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$ _____	<input type="checkbox"/> \$ _____	
Line from Schedule A/B:			<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Attachment
Debtor: Melvin J. Le-Mon Case No:

Attachment 1

Stove, microwave, fridge, dishwasher, dryer, vacuum, convection oven, grill, washer, space heater, toaster oven, crock pot, toaster, coffee maker, iron, fan, hand vacuum, 2 tvs, PlayStation II, computer, copier, 2 alarm clocks, clock, 2 satellite dishes, printer, fax machine, 2 cell phones, 2 clock radios, kitchen table and chairs, dishes, pots and pans, knives, glassware, cooking ware, utensils, 2 couches, 3 coffee tables, entertainment center, card table, ottoman, furniture for 3 bedrooms, 5 lamps, 3 blinds, bath mat, 4 laundry baskets, 3 brooms, luggage, child car seat, 3 vases, picture, 8 drapes, 4 rugs, ironing board, 2 strollers, 5 bed spreads, 5 blankets, sheets, table linens, towelings, 3 comforters, pillows, desk, filing cabinet, chair, patio furniture, 5 chairs, hand tools, hoses, leaf blower, push mower, wheelbarrow, 5 plants

Attachment 2

Board games, camera, toys, sports equipment, bicycles

Attachment 3

Property personal financial deposit type RMC with Checkings and Savings Account

Fill in this information to identify your case:

Debtor 1 Melvin J. Le-Mon
First Name Middle Name Last Name

Debtor 2 Julia M. Le-Mon
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	--	---

2.1	PSECU <small>Creditor's Name</small> <u>PO Box 67013</u> <small>Number Street</small> <u>Harrisburg</u> <u>PA</u> <u>See</u> <small>City State ZIP Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	\$ 13,487.00	\$ 10,500.00	\$
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____					
Date debt was incurred <u>7/2012</u> Last 4 digits of account number _____					

2.2	Wells Fargo Home Mortgage <small>Creditor's Name</small> <u>Return Mail Services</u> <small>Number Street</small> <u>PO Box 10368</u> <u>Des Moines</u> <u>IA</u> <u>See</u> <small>City State ZIP Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	\$ 159,000.00	\$ 0.00	\$
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____					
Date debt was incurred <u>5/2009</u> Last 4 digits of account number <u>5 6 5 1</u>					

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 172,487.00

Attachment
Debtor: Melvin J. Le-Mon Case No:

Attachment 1

17106-7013

Attachment 2

50306-0368

Fill in this information to identify your case:

Debtor 1 Melvin J. Le-Mon
First Name Middle Name Last Name

Debtor 2 Julia M. Le-Mon
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
- ☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	Capital Tax Collection Bureau <small>Priority Creditor's Name</small> <u>2301 N 3rd St.</u> <small>Number Street</small> <u>Harrisburg PA 17110</u> <small>City State ZIP Code</small> Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7 8 3 0</u> When was the debt incurred? <u>7/1/13</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$ 132.00	\$ 0.00	\$ 0.00
2.2	Capital Tax Collection Bureau <small>Priority Creditor's Name</small> <u>2301 N 3rd St.</u> <small>Number Street</small> <u>Harrisburg PA 17110</u> <small>City State ZIP Code</small> Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7 8 3 0</u> When was the debt incurred? <u>7/1/14</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$ 132.00	\$ 0.00	\$ 0.00

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount

2.3

Capital Tax Collection Bureau

Priority Creditor's Name

2301 N 3rd St.

Number

Street

Harrisburg

PA

17110

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 7 8 3 0

\$ 20.00

\$ 0.00

\$ 0.00

When was the debt incurred? 2008

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.4

Capital Tax Collection Bureau

Priority Creditor's Name

2301 N 3rd St.

Number

Street

Harrisburg

PA

17110

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 1 2 3 5

\$ 132.00

\$ 0.00

\$ 0.00

When was the debt incurred? 7/1/14

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.5

Capital Tax Collection Bureau

Priority Creditor's Name

2301 N 3rd St.

Number

Street

Harrisburg

PA

17110

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 1 2 3 5

\$ 132.00

\$ 0.00

\$ 0.00

When was the debt incurred? 7/1/13

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount

2.6

Capital Tax Collection Bureau

Priority Creditor's Name

2301 N 3rd St.

Number

Street

Harrisburg

City

PA

State

17110

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 7 8 3 0

\$ 20.00

\$ 0.00

\$ 0.00

When was the debt incurred? 2008

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.7

Internal Revenue Service

Priority Creditor's Name

PO Box 7346

Number

Street

Philadelphia

City

PA

State

See

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 2 2 4 7

\$ 1,029.76

\$ 0.00

\$ 0.00

When was the debt incurred? 2010

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.8

Internal Revenue Service

Priority Creditor's Name

PO Box 7346

Number

Street

Philadelphia

City

PA

State

See

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 2 2 4 7

\$ 1,037.50

\$ 0.00

\$ 0.00

When was the debt incurred? 2010

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount

2.9

Office of the City Treasurer

Priority Creditor's Name

Rev. Dr. M. L. King, Jr. City Government Ctr

Number Street

Harrisburg pa 17101

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 0 0 0 0

\$ 94.30

\$ 0.00

\$ 0.00

When was the debt incurred? 5/15/14

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.10

PA SCDU

Priority Creditor's Name

PO Box 69110

Number Street

Harrisburg PA 17106

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 1 9 8 2

\$ 877.34

\$ 0.00

\$ 0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☒ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.11

Priority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number

\$

\$

\$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	ADT Security Systems Nonpriority Creditor's Name 3190 S. Vaughn Way Number Street Aurora CO 80014 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2 0 2 1</u> When was the debt incurred? <u>4/17/14</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>General Services</u>	\$ 117.88
4.2	Affinion Benefits Group, LLC Nonpriority Creditor's Name PO Box 11817 Number Street Newark NJ 07101 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2 4 3 8</u> When was the debt incurred? <u>11/30/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	\$ 135.00
4.3	Associated otolaryngologists of Pennsylvania, Inc. Nonpriority Creditor's Name 875 Poplar Church Road Ste. 320 Number Street Camp Hill PA 17011 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8 8 7 0</u> When was the debt incurred? <u>10/29/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	\$ 25.00

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.4

AT&T

Nonpriority Creditor's Name

PO Box 755

Number Street

Atwater

CA

95301

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 1 9 2 9

\$ 94.76

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

4.5

Bellevue Park Association

Nonpriority Creditor's Name

2319 Valley Rd.

Number Street

Harrisburg

PA

17104

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number - M o n

\$ 458.33

When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Association dues

4.6

Bellevue Park Association

Nonpriority Creditor's Name

2319 Valley Road

Number Street

Harrisburg

PA

17104

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number r e e t

\$ 484.00

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Home Owners Fees.

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.7

Best Buy Credit Services

Nonpriority Creditor's Name

PO Box 790441

Number Street

St. Louis

MO

63179

City

State

ZIP Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 7 8 2 0\$ 363.39**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

4.8

Capital Blue Cross

Nonpriority Creditor's Name

PO Box 779515

Number Street

Harrisburg

PA

17177

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 7 7 9 7\$ 35.44**When was the debt incurred?** 2/24/14**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Dental Services

4.9

Capital One Bank

Nonpriority Creditor's Name

PO Box 30285

Number Street

Salt Lake City

UT

84130

City

State

ZIP Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 6 6 2 0\$ Unknown**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.10

Capital Region Water

Nonpriority Creditor's Name

10 N. Second St., #305

Number Street

Harrisburg

PA

17101

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 7 0 4 1\$ 344.30**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify General Services

4.11

Capital Tax Collection Bureau

Nonpriority Creditor's Name

Harrisburg Division 2301 North 3rd Street

Number Street

Harrisburg

PA

17110

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 7 8 3 0\$ 147.00**When was the debt incurred?** 2014**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify OAT Taxes

4.12

Capital Tax Collection Bureau

Nonpriority Creditor's Name

Harrisburg Division 2301 N. 3rd Street

Number Street

Harrisburg

PA

17110

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 1 2 3 5\$ 147.00**When was the debt incurred?** 2014**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify 2014 OAT Tax

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13

Children's Family Center

Nonpriority Creditor's Name

4909 Louise Drive Ste. 108

Number Street

Mechanicsburg

PA

17055

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number e m o n

\$ 4,593.50

When was the debt incurred? 8/2014

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify

4.14

See Attachment 3

Nonpriority Creditor's Name

PO Box 6241

Number Street

Sioux Falls

SD

57117

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 4 8 7 4

\$ 4,560.55

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

4.15

Comcast

Nonpriority Creditor's Name

PO Box 985

Number Street

Toledo

OH

43697

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number 0 1 - 1

\$ 841.91

When was the debt incurred? 2/7/14

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify General Services

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.16

Comenity Bank

Nonpriority Creditor's Name

Bankruptcy Dept. PO Box 182125

Number Street

Columbus

OH

43218

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number - 7 1 7

\$ 1,724.01

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

4.17

See Attachment 4

Nonpriority Creditor's Name

Bankruptcy Dept. PO Box 182125

Number Street

Columbus

OH

43218

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number 3 5 7 0

\$ 611.26

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

4.18

Comenity Bank/Vct.Secrets

Nonpriority Creditor's Name

PO Box 182789

Number Street

Columbus

OH

43218-2789

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number 3 3 7 9

\$ 319.44

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.19

Comenity Capital Bank

Nonpriority Creditor's Name

Bankruptcy Dept. PO Box 182125

Number

Street

Columbus**OH****43218**

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 6 0 5 7\$ 1,635.59**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

4.20

Community Life Team

Nonpriority Creditor's Name

PO Box 8

Number

Street

Indiana**PA****15701**

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 7 2 0 2\$ 614.00**When was the debt incurred?** 6/22/14**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

4.21

Community Life Team

Nonpriority Creditor's Name

PO Box 8

Number

Street

Indiana**PA****15701**

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 7 2 0 2\$ 305.20**When was the debt incurred?** 6/22/14**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.22

Credit One Bank

Nonpriority Creditor's Name

Bank Card Center PO Box 98873

Number Street

Las Vegas**NV****89193**

City

State

ZIP Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 6 3 9 5\$ 459.58**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

4.23

Edwin A. Aquino, MD P.C.

Nonpriority Creditor's Name

845 Sir Thomas Ct

Number Street

Harrisburg**Pa****17104**

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 5 0 4 2\$ 20.30**When was the debt incurred?** 2/19/15**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

4.24

Family Care Lower Paxton c/o Peerless Credit Services, Inc.

Nonpriority Creditor's Name

PO Box 518

Number Street

Middletown**PA****17057**

City

State

ZIP Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 9 - 2 E\$ 223.00**When was the debt incurred?** 2/24/2015**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.25

FIA Card Services

Nonpriority Creditor's Name

c/o Northstar Location Services 4285 Genesee St.

Number Street

Cheektowaga

NY

14225

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 6 3 5 6\$ 2,044.33**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

4.26

GE Capital Retail Bank

Nonpriority Creditor's Name

Attn: Bankruptcy Dept. PO Box 965061

Number Street

Orlando

FL

32896

City

State

ZIP Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 6 3 5 2\$ 1,148.00**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

4.27

Highmark Blue Shield

Nonpriority Creditor's Name

PO Box 382178

Number Street

Pittsburgh

PA

15251-8178

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 7 0 0 0\$ 383.44**When was the debt incurred?** 2/28/14**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.28

LA Fitness

Nonpriority Creditor's Name

5070 Jonestown Rd.

Number Street

Harrisburg

PA

17112

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 2 8 2 1\$ 44.99When was the debt incurred? 3/21/14

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify General Services

4.29

Nextgear Capital, Inc.

Nonpriority Creditor's Name

1320 City Center Drive Ste. 100

Number Street

Carmel

IN

46032

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number \$ 78,639.72When was the debt incurred? 8/14/13

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Personal Guarantee for Redline Auto LLC

4.30

Patient First - Colonial Park

Nonpriority Creditor's Name

5125 Jonestown Rd., Ste 105

Number Street

Harrisburg

PA

17112

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0 8 * 1\$ UnknownWhen was the debt incurred? 6/15/12

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.31

Pediatric Medical Group

Nonpriority Creditor's Name

4991 Lake Brook Dr., #300

Number Street

Glen Allen

VA

23060

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 9 2 7 3\$ 412.92When was the debt incurred? 4/12/12**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

4.32

Pinnacle Health Emergency

Nonpriority Creditor's Name

6880 W. Snowville Rd., #210

Number Street

Brecksville

OH

44141

City

State

ZIP Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 3 1 5 1\$ 216.00When was the debt incurred? 5/18/13**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

4.33

Pinnacle Health Hospitals

Nonpriority Creditor's Name

PO Box 2353

Number Street

Harrisburg

PA

17105-2353

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 7 1 6 1\$ 297.64When was the debt incurred? 4/6/12**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.34

Pinnacle Health Hospitals

Nonpriority Creditor's Name

PO Box 2353

Number Street

Harrisburg

PA

17105-2353

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 7 8 2 9\$ 459.25When was the debt incurred? 5/18/13

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

4.35

Pinnacle Health Hospitals

Nonpriority Creditor's Name

PO Box 2352

Number Street

Harrisburg

PA

17105-2353

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 7 8 1 5\$ 400.00When was the debt incurred? 4/16/14

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

4.36

Pinnacle Health Hospitals

Nonpriority Creditor's Name

PO Box 2352

Number Street

Harrisburg

PA

17105-2353

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 9 0 1 6\$ 25.00When was the debt incurred? 12/11/13

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.37

Pinnacle Health Hospitals

Nonpriority Creditor's Name

PO Box 2352

Number Street

Harrisburg

PA

17105-2353

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 6 9 9 3\$ 203.00When was the debt incurred? 6/9/14

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

4.38

Pinnacle Health Hospitals

Nonpriority Creditor's Name

PO Box 2352

Number Street

Harrisburg

PA

17105-2353

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 3 6 2\$ 200.00When was the debt incurred? 6/22/14

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

4.39

Pinnacle Health Hospitals

Nonpriority Creditor's Name

PO Box 2352

Number Street

Harrisburg

PA

17105-2353

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 5 1 1 5\$ 20.00When was the debt incurred? 8/27/14

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.40

Pinnacle Health Medical Group

Nonpriority Creditor's Name

PO Box 1129

Number Street

Harrisburg

PA

17108

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 1 2 7 9\$ 20.00When was the debt incurred? 6/4/14

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

4.41

Pinnacle Health Medical Group

Nonpriority Creditor's Name

PO Box 1129

Number Street

Harrisburg

PA

17108

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 3 1 0 7\$ 203.00When was the debt incurred? 7/9/14

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

4.42

Pinnacle Health Medical Group

Nonpriority Creditor's Name

PO Box 1129

Number Street

Harrisburg

PA

17108

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 1 9 5 3\$ 203.00When was the debt incurred? 12/11/13

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.43

Pinnacle Medical Services

Nonpriority Creditor's Name

c/o Bureau of Account Management 3607 Rosemont Ave.

Number Street

Camp Hill

PA

17011

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 9 4 0 6\$ 40.00When was the debt incurred? 7/4/14**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

4.44

PPL Electric Utilities

Nonpriority Creditor's Name

2 North 9th St.

Number Street

Allentown

PA

18101

City

State

ZIP Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 2 0 2 0\$ Unknown

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify General Services

4.45

PSECU

Nonpriority Creditor's Name

PO Box 67013

Number Street

Harrisburg

PA

17106

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number L 0 9\$ 10,995.53

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Personal Loan

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.46

Riverside Anesthesia c/o Peerless Credit Services, Inc.

Nonpriority Creditor's Name

PO Box 518

Number Street

Middletown

PA

17057

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 9 - 2 E\$ 305.00When was the debt incurred? 2/27/15

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

4.47

Sirius XM Radio Inc.

Nonpriority Creditor's Name

PO Box 9001399

Number Street

Louisville

KY

40290-1399

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 3 0 1\$ Unknown

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify General Services

4.48

Sleep Analysis Consultants, LLC

Nonpriority Creditor's Name

1512 E. Caracas Avenue, Ste. 400

Number Street

Hershey

PA

17104

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 7 2 4 7\$ 20.00When was the debt incurred? 9/30/2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Services

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.49

State Farm

Nonpriority Creditor's Name

PO Box 2329

Number Street

Bloomington**IL****61702**

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 3 - 1 3\$ 846.35When was the debt incurred? 3/6/14**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Transportation Services

4.50

Talbots c/o Portfolio Recovery Associates, LLC

Nonpriority Creditor's Name

PO Box 182125

Number Street

Columbus**OH****43218-2125**

City

State

ZIP Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 3 5 7 0\$ 611.26When was the debt incurred? 6/21/2014**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

4.51

Target Corporation Recovery Services

Nonpriority Creditor's Name

PO Box 30171

Number Street

Tampa**FL****33630**

City

State

ZIP Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number 8 7 6 5\$ 23.15When was the debt incurred? 3/27/2016**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedType of **NONPRIORITY** unsecured claim:☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Card Charges

Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.52

UGI Utilities

Nonpriority Creditor's Name

PO Box 15523

Number

Street

Wilmington

DE

19886

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 3 0 2 3\$ 53.48

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Lodging

4.53

Nonpriority Creditor's Name

Number

Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

4.54

Nonpriority Creditor's Name

Number

Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

EOS CCA

Name

700 Longwater Dr.

Number

Street

Norwell, Massachusetts 02061

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 1 9 2 9

Southwest Credit

Name

4120 International Pkwy, #1100

Number

Street

Carrollton, TX 75007

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 1 9 2 9

Daniel Stern, Esq.

Name

25 N. Front St., #104

Number

Street

Harrisburg, PA 17101

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number - M o n

ARS Account Resolution Services

Name

1801 NW 66th Ave., #200C

Number

Street

Plantation, Florida 33313

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 7 8 2 0

United Recovery Systems

Name

PO Box 722929

Number

Street

Houston, Texas 77272

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 7 8 2 0

Portfolio Recovery & Affil.

Name

120 Corporate Blvd., Ste 1

Number

Street

Norfolk, Virginia 23502

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 4 8 7 4

Delta Outsource Group

Name

PO Box 1210

Number

Street

O'Fallon, MO 63366

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number - 7 1 7

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Vision Financial Corp.

Name

PO Box 7477

Number Street

Rockford, Illinois 61126-7477

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number - 7 1 7

Encore Receivable Management, Inc

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 6 3 5 2

Encore Receivable Management, Inc.

Name

PO Box 3330

Number Street

Olathe, KS 66063

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 6 3 5 2

NCO Financial Systems

Name

PO Box 15630, Dept. 99

Number Street

Wilmington, Delaware 19850

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 9 2 7 3

ARB Inc.

Name

555 Van Reed Road

Number Street

Wyomissing, Pennsylvania 19610

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.33 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 7 1 6 1

Bureau of Account Mgmt

Name

3607 rosemont Ave.

Number Street

Camp Hill, Pennsylvania 17011

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.33 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 7 1 6 1

Amcol Systems

Name

PO Box 1022

Number Street

Wixom, Michigan 48393

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.34 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 7 8 2 9

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

ARB Inc.

Name

555 Van Reed Road

Number

Street

Wyomissing, Pennsylvania 19610

City

State

ZIP Code

Account Services

Name

1802 N.E. Loop 410

Number

Street

Suite 400

San Antonio, Texas 78217

City

State

ZIP Code

AP Account Services, LLC

Name

9311 San Pedro Ave., #600

Number

Street

San Antonio, TX 78216

City

State

ZIP Code

ARM

Name

PO Box 129

Number

Street

Thorofare, New Jersey 08086

City

State

ZIP Code

Name

Number

Street

City

State

ZIP Code

Name

Number

Street

City

State

ZIP Code

Name

Number

Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.34 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 7 8 2 9

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.45 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number L 0 9

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.45 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number L 0 9

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.51 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8 7 6 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations

6a. \$877.34

6b. Taxes and certain other debts you owe the government

6b. \$2,729.56

6c. Claims for death or personal injury while you were intoxicated

6c. \$0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$0.00

6e. Total. Add lines 6a through 6d.

6e. \$3,606.90

Total claim**Total claims from Part 2**

6f. Student loans

6f. \$0.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$111,387.24

6j. Total. Add lines 6f through 6i.

6j. \$111,387.24

Total claim

Attachment
Debtor: Melvin J. Le-Mon Case No:

Attachment 1

19101-7346

Attachment 2

19101-7346

Attachment 3

Citibank SD NA/Best Buy (PO Box 6241, Sioux Falls, South Dakota 57117)

Attachment 4

Comenity Bank/Talbots (Bankruptcy Dept., Columbus, Ohio 43218)

Fill in this information to identify your case:

Debtor Melvin J. Le-Mon
First Name Middle Name Last Name

Debtor 2 Julia M. Le-Mon
(Spouse If filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.2	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.3	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.4	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.5	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	

Fill in this information to identify your case:

Debtor 1 Melvin J. Le-Mon
First Name Middle Name Last Name

Debtor 2 Julia M. Le-Mon
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No

☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.2

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.3

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Melvin J. Le-Mon
First Name Middle Name Last Name

Debtor 2 Julia M. Le-Mon
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☒ Employed
☐ Not employed

☒ Employed
☐ Not employed

OccupationHandlerSolutions Specialist**Employer's name**Federal Express FreightCellco Partnership**Employer's address**30 Fedex Parkway
Number Street

Number Street

Collierville, PA 38017

City State ZIP Code

Spouse employer state RMC

City State ZIP Code

How long employed there?1.5 years**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 1,556.36	\$ 4,622.41
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ 430.39
4. Calculate gross income. Add line 2 + line 3.	\$ 1,556.36	\$ 5,052.80

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ➔ 4.	\$ 1,556.36	\$ 5,052.80
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 346.10	\$ 914.55
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 47.45	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 389.13	\$ 231.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 782.68	\$ 1,145.55
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 773.68	\$ 3,907.25
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 773.68	\$ 3,907.25
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____	11. + \$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$ 4,680.93	
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: See Attachment 1		

Addendum

Attachment 1

**Debtor started working part-time at FedEx Freight. He works approximaely 20hours a week.
That schedule is anticipated to contiune for some time.**

Fill in this information to identify your case:

Debtor 1 Melvin J. Le-Mon
First Name Middle Name Last Name

Debtor 2 Julia M. Le-Mon
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file Official Forms 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter2☐ No
☒ YesSon11☐ No
☒ Yes☐ No
☐ Yes☐ No
☐ Yes☐ No
☐ Yes**3. Do your expenses include expenses of people other than yourself and your dependents?**☒ No
☐ Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 106I.)

Your expenses**4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.4. \$ 1,250.00**If not included in line 4:**

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

		Your expenses
5. Additional mortgage payments for your residence , such as home equity loans	5.	\$ 0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$ 130.00
6b. Water, sewer, garbage collection	6b.	\$ 20.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 100.00
6d. Other. Specify: <u>Cable</u>	6d.	\$ 155.00
7. Food and housekeeping supplies	7.	\$ 950.00
8. Childcare and children's education costs	8.	\$ 210.00
9. Clothing, laundry, and dry cleaning	9.	\$ 130.00
10. Personal care products and services	10.	\$ 100.00
11. Medical and dental expenses	11.	\$ 75.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ 450.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ 100.00
14. Charitable contributions and religious donations	14.	\$ 0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$ 0.00
15b. Health insurance	15b.	\$ 0.00
15c. Vehicle insurance	15c.	\$ 143.00
15d. Other insurance. Specify: _____	15d.	\$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$ 0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	\$ 350.00
17b. Car payments for Vehicle 2	17b.	\$ 0.00
17c. Other. Specify: _____	17c.	\$ _____
17d. Other. Specify: _____	17d.	\$ _____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	\$ 0.00
20b. Real estate taxes	20b.	\$ 0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$ 0.00
20e. Homeowner's association or condominium dues	20e.	\$ 0.00

Debtor 1

Melvin J. Le-Mon

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: See Attachment 121. **+\$ 555.00**22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22. **\$ 4,768.00**

\$ 4,768.00

\$

\$ 4,768.00

23. **Calculate your monthly net income.**23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.23a. **\$ 4,680.93**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$ 4,768.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.23c. **\$ -87.07**24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.☒ Yes.

Explain here:

Debtors' Expenses have increased now that both are working. For means test purposes, the Debtor's part-time income is factored in even though he has only been working for a short period of time.

Attachment
Debtor: Melvin J. Le-Mon

Case No:

Attachment 1

Description: Pet Expenses
Amount: 25.00

Description: Wife School Loan
Amount: 165.00

Description: Debtor's Childsupport
Amount: 240.00

Description: Job Search Expenses.
Amount: 125.00

Fill in this information to identify your case:

Debtor 1	<u>Melvin</u>	<u>J.</u>	<u>Le-Mon</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Julia</u>	<u>M.</u>	<u>Le-Mon</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Middle District of Pennsylvania</u>			
Case number	<u></u>		
	(If known)		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets**Your assets**

Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$ <u>135,000.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$ <u>23,535.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$ <u>158,535.00</u>

Part 2: Summarize Your Liabilities**Your liabilities**

Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$ <u>172,487.00</u>
---	----------------------

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ <u>3,606.90</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+ \$ <u>116,075.50</u>

Your total liabilities\$ 292,169.40**Part 3: Summarize Your Income and Expenses**4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ <u>4,680.93</u>
---	--------------------

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i>	\$ <u>4,768.00</u>
---	--------------------

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 6,634.21

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.

Total claim

From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations (Copy line 6a.)	\$ <u>877.34</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>2,729.56</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>3,606.90</u>

Fill in this information to identify your case:

Debtor 1 Melvin J. Le-Mon
First Name Middle Name Last Name

Debtor 2 Julia M. Le-Mon
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District Of Pennsylvania

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X s/Melvin J. Le-Mon
Signature of Debtor 1

X s/Julia Le-Mon
Signature of Debtor 2

Date 05/11/2016
MM / DD / YYYY

Date 05/11/2016
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Melvin J. Le-Mon
 First Name Middle Name Last Name

Debtor 2 Julia M. Le-Mon
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number Street	From _____ To _____	Number Street	From _____ To _____
City State ZIP Code		City State ZIP Code	
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number Street	From _____ To _____	Number Street	From _____ To _____
City State ZIP Code		City State ZIP Code	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 15,489.21	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For last calendar year: (January 1 to December 31, <u>2015</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 53,126.45	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____
For the calendar year before that: (January 1 to December 31, <u>2014</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 36,563.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ _____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☒ No

☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
For last calendar year: (January 1 to December 31, _____) YYYY	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
For the calendar year before that: (January 1 to December 31, _____) YYYY	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____

Debtor 1

Melvin J. Le-Mon

First Name

Middle Name

Last Name

Case number (if known)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
City State ZIP Code				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title <u>Commonwealth of PA vs.</u> <u>Melvin J. Lemon</u> Case number <u>See Attachment 1</u>	Failure to pay fines and costs	<u>Hon. James A. Lenker</u> Court Name <u>2125 Paxton church Rd., Hbg, PA 17110</u> Number Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title <u>Wells Fargo vs.</u> <u>Garisto/LeMon</u> Case number <u>2015-CV-2388-MF</u>	Mortgage Foreclosure	<u>Dauphin COunty Court of Common Pleas</u> Court Name Number Street City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☒ No. Go to line 11.

☐ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Creditor's Name Number Street City State ZIP Code	 Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		\$
Creditor's Name Number Street City State ZIP Code	 Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		\$

Debtor 1

Melvin J. Le-Mon

First Name

Middle Name

Last Name

Case number (if known)

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name			\$
Number Street			
City State ZIP Code			
Last 4 digits of account number: XXXX-__ __ __ __			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
Number Street			\$
City State ZIP Code			
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
Number Street			\$
City State ZIP Code			
Person's relationship to you			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?☒ No☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$
Number Street			\$
City State ZIP Code			

Part 6: List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**☒ No☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
			\$

Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☒ No☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		
Number Street		\$
City State ZIP Code		\$
Email or website address		
Person Who Made the Payment, if Not You		

Debtor 1

Melvin J. Le-Mon

First Name

Middle Name

Last Name

Case number (if known)

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid Number Street City State ZIP Code Email or website address Person Who Made the Payment, if Not You			\$
			\$

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid Number Street City State ZIP Code			\$
			\$

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you			
Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you			

Debtor 1

Melvin J. Le-Mon

First Name

Middle Name

Last Name

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No

☐ Yes. Fill in the details.

Name of trust

Description and value of the property transferred

Date transfer was made

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No

☐ Yes. Fill in the details.

Name of Financial Institution

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

XXXX- _ _ _ _

☐ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other _____

Number Street

City State ZIP Code

Name of Financial Institution

XXXX- _ _ _ _

☐ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other _____

Number Street

City State ZIP Code

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

Name of Financial Institution

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

☐ No
☐ Yes

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility	Name		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		
City State ZIP Code	City State ZIP Code		

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No☐ Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name		\$
Number Street		
City State ZIP Code		
City State ZIP Code		

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site		
Number Street		
City State ZIP Code		
City State ZIP Code		

25. Have you notified any governmental unit of any release of hazardous material?

☒ No☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title		<input type="checkbox"/> Pending
Court Name		<input type="checkbox"/> On appeal
Number Street		<input type="checkbox"/> Concluded
Case number		
City State ZIP Code		

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.☒ Yes. Check all that apply above and fill in the details below for each business.

Flyhigh, LLC Business Name 2413 Swatara Street Number Street Harrisburg Pa City State ZIP Code	Describe the nature of the business Name of accountant or bookkeeper Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. EIN: 4 6 - 2 4 2 6 8 1 5 Dates business existed From See 2 To N/A
Business Name Number Street City State ZIP Code	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. EIN: - Dates business existed From To

Debtor 1

Melvin J. Le-Mon

First Name

Middle Name

Last Name

Case number (if known) _____

Business Name

Number Street

City

State

ZIP Code

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

EIN: _____ - _____

Dates business existed

From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City

State

ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



s/Melvin J. Le-Mon

Signature of Debtor 1



s/Julia Le-Mon

Signature of Debtor 2

Date 11 May 2016

Date 11 May 2016

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Attachment
Debtor: Melvin J. Le-Mon Case No:

Attachment 1

NJ-12101-TR-0002341-2014

Attachment 2

January 2013

Fill in this information to identify your case:

Debtor 1 Melvin J. Le-Mon
First Name Middle Name Last Name

Debtor 2 Julia M. Le-Mon
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Middle District Of Pennsylvania

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 108**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Wells Fargo Home Mortgage Description of property securing debt: 2413 Swatara St., Harrisburg, PA 17104	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: PSECU Description of property securing debt:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: Debtor to pay without reaffirming	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: Description of property securing debt:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: Description of property securing debt:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: _____ Description of leased property: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: _____ Description of leased property: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: _____ Description of leased property: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: _____ Description of leased property: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: _____ Description of leased property: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: _____ Description of leased property: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: _____ Description of leased property: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: _____ Description of leased property: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X s/Melvin J. Le-Mon

 Signature of Debtor 1

Date 05/11/2016
MM / DD / YYYY

X s/Julia Le-Mon

 Signature of Debtor 2

Date 05/11/2016
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 **Melvin J. Le-Mon**
First Name Middle Name Last Name

Debtor 2 **Julia M. Le-Mon**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number _____
(If known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse																
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>1,581.31</u>	\$ <u>5,052.90</u>																
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>																
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>																
5. Net income from operating a business, profession, or farm	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ <u>0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>– \$ <u>0.00</u></td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td>\$ <u>0.00</u></td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$ <u>0.00</u>	Ordinary and necessary operating expenses	– \$ <u>0.00</u>	Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ <u>0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>– \$ <u>0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$ <u>0.00</u></td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$ <u>0.00</u>	Ordinary and necessary operating expenses	– \$ <u>0.00</u>	Net monthly income from rental or other real property	\$ <u>0.00</u>
Debtor 1	Debtor 2																	
Gross receipts (before all deductions)	\$ <u>0.00</u>																	
Ordinary and necessary operating expenses	– \$ <u>0.00</u>																	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u>																	
Debtor 1	Debtor 2																	
Gross receipts (before all deductions)	\$ <u>0.00</u>																	
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Net monthly income from rental or other real property	\$ <u>0.00</u>																	
6. Net income from rental and other real property	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ <u>0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>– \$ <u>0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$ <u>0.00</u></td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$ <u>0.00</u>	Ordinary and necessary operating expenses	– \$ <u>0.00</u>	Net monthly income from rental or other real property	\$ <u>0.00</u>	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ <u>0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>– \$ <u>0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$ <u>0.00</u></td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$ <u>0.00</u>	Ordinary and necessary operating expenses	– \$ <u>0.00</u>	Net monthly income from rental or other real property	\$ <u>0.00</u>
Debtor 1	Debtor 2																	
Gross receipts (before all deductions)	\$ <u>0.00</u>																	
Ordinary and necessary operating expenses	– \$ <u>0.00</u>																	
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Debtor 1	Debtor 2																	
Gross receipts (before all deductions)	\$ <u>0.00</u>																	
Ordinary and necessary operating expenses	– \$ <u>0.00</u>																	
Net monthly income from rental or other real property	\$ <u>0.00</u>																	
7. Interest, dividends, and royalties	\$ _____	\$ <u>0.00</u>																

Debtor 1

Melvin J. Le-Mon

First Name

Middle Name

Last Name

Case number (if known)

Column A
Debtor 1**Column B**
Debtor 2 or
non-filing spouse**8. Unemployment compensation**Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \downarrow

For you \$

For your spouse \$

\$ 0.00

\$ 0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 0.00

\$ 0.00

10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

.....

\$

\$

.....

\$

\$

Total amounts from separate pages, if any.

+ \$ 0.00

+ \$ 0.00

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 1,581.31

+

\$ 5,052.90

=

\$ 6,634.21

Total current
monthly income**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11. Copy line 11 here \rightarrow

\$ 6,634.21

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b.

\$ 79,610.52

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Pennsylvania

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household. 13.

\$ 85,765.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X

s/Melvin J. Le-Mon

Signature of Debtor 1

Date 05/11/2016

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

X

s/Julia Le-Mon

Signature of Debtor 2

Date 05/11/2016

MM / DD / YYYY

United States Bankruptcy Court
MIDDLE DISTRICT OF PENNSYLVANIA

In re

Melvin J. Le-Mon and Julia M. Le-Mon

Case No. _____

Debtor

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 0.00

Prior to the filing of this statement I have received \$ 0.00

Balance Due \$ 0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

- d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
- e. [Other provisions as needed]

Debtor paid filing fee of \$335.00

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 11, 2016

Date

s/ChadJ.Julius

Signature of Attorney

Jacobson & Julius

Name of law firm

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF PENNSYLVANIA

In re

Chapter 7

Melvin J. Le-Mon and Julia M. Le-Mon

Case No.

Debtors.

STATEMENT OF MONTHLY GROSS INCOME

The undersigned certifies the following is the debtor's monthly income.

Income:	Debtor	Joint Debtor
Six months ago	\$ 0.00	\$ 6,079.78
Five months ago	\$ 0.00	\$ 4,552.15
Four months ago	\$ 0.00	\$ 5,917.36
Three months ago	\$ 0.00	\$ 4,604.44
Two months ago	\$ 0.00	\$ 3,744.71
Last month	\$ 0.00	\$ 5,418.96
Total Gross income for six months preceding filing	\$ 0.00	\$ 30,317.40
Average Monthly Gross Income	\$ 0.00	\$ 5,052.90

Dated: May 11, 2016

s/Melvin J. Le-Mon

Melvin J. Le-Mon
Debtor

s/Julia Le-Mon

Julia M. Le-Mon
Joint Debtor

**UNITED STATES BANKRUPTCY COURT
REQUIRED LISTS, SCHEDULES, STATEMENTS, AND FEES
Voluntary Chapter 7 Case**

- ☒ **Filing Fee of \$245.** If the fee is to be paid in installments or the debtor requests a waiver of the fee, the debtor must be an individual and must file a signed application for court approval. Official Form 103A or 103B and Fed.R.Bankr.P. 1006(b), (c).
- ☒ **Administrative fee of \$75 and trustee surcharge of \$15.** If the debtor is an individual and the court grants the debtor's request, these fees are payable in installments or may be waived.
- ☒ **Voluntary Petition for Individuals Filing for Bankruptcy** (Official Form 101) or **Voluntary Petition for Non-Individuals Filing for Bankruptcy** (Official Form 201); **Names and addresses of all creditors** of the debtor. Must be filed WITH the petition. Fed.R.Bankr.P. 1007(a)(1).
- ☒ **Notice to Individual Debtor with Primarily Consumer Debts** under 11 U.S.C. § 342(b) (Director's Form 2010), if applicable. Required if the debtor is an individual with primarily consumer debts. The notice must be GIVEN to the debtor before the petition is filed. Certification that the notice has been given must be FILED with the petition or within 15 days. 11 U.S.C. §§ 342(b), 521(a)(1)(B)(iii), 707(a)(3). Official Form 101 contains spaces for the certification.
- ☐ **Bankruptcy Petition Preparer's Notice, Declaration, and Signature** (Official Form 119). Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(b)(2).
- ☒ **Statement About Your Social Security Numbers** (Official Form 121). Required if the debtor is an individual. Must be submitted WITH the petition. Fed.R.Bankr.P. 1007(f).
- ☒ **Credit Counseling Requirement** (Official Form 101); **Certificate of Credit Counseling and Debt Repayment Plan**, if applicable; **Section 109(h)(3) certification or § 109(h)(4) request**, if applicable. If applicable, the Certificate of Credit Counseling and Debt Repayment Plan must be filed with the petition or within 14 days. If applicable, the § 109(h)(3) certification or the § 109(h)(4) request must be filed WITH the petition. Fed.R.Bankr.P. 1007(b)(3), (c).
- ☐ **Statement disclosing compensation paid or to be paid to a "bankruptcy petition preparer"** (Director's Form 2800). Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(h)(2).
- ☒ **Statement of Your Current Monthly Income** (Official Form 122A). Required if the debtor is an individual. Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☒ **Schedules of assets and liabilities** (Official Forms 106 or 206). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b),(c).
- ☒ **Schedule of Executory Contracts and Unexpired Leases** (Schedule G of Official Form 106 or 206). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☒ **Schedules of Your Income and Your Expenses** (Schedules I and J of Official Form 106). If the debtor is an individual, Schedules I and J of Official Form 106 must be filed with the petition or within 14 days. 11 U.S.C. § 521(1) and Fed.R.Bankr.P. 1007(b), (c).
- ☒ **Statement of financial affairs** (Official Form 107 or 207). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☒ **Copies of all payment advices or other evidence of payment** received by the debtor from any employer within 60 days before the filing of the petition. Required if the debtor is an individual. Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☒ **Statement of Intention for Individuals Filing Under Chapter 7** (Official Form 108). Required ONLY if the debtor is an individual and the schedules of assets and liabilities contain debts secured by property of the estate or personal property subject to an unexpired lease. Must be filed within 30 days or by the date set for the Section 341 meeting of creditors, whichever is earlier. 11 U.S.C. §§ 362(h) and 521(a)(2).
- ☒ **Statement disclosing compensation paid or to be paid to the attorney** for the debtor (Director's Form 2030). Required if the debtor is represented by an attorney. Must be filed within 14 days or any other date set by the court. 11 U.S.C. § 329 and Fed.R.Bankr.P. 2016(b).
- ☐ **Certification About a Financial Management Course** (Official Form 423), if applicable. Required if the debtor is an individual, unless the course provider has notified the court that the debtor has completed the course. Must be filed within 60 days of the first date set for the meeting of creditors. 11 U.S.C. § 727(a)(11) and Fed.R.Bankr.P. 1007(b)(7), (c).

REQUIRED LISTS, SCHEDULES, STATEMENTS, AND FEES

Voluntary Chapter 11 Case

- ☐ **Filing fee of \$1,167.** If the fee is to be paid in installments, the debtor must be an individual and must file a signed application for court approval. Official Form 103A and Fed.R.Bankr.P. 1006(b).
- ☐ **Administrative fee of \$550.** If the debtor is an individual and the court grants the debtor's request, this fee is payable in installments.
- ☐ **United States Trustee quarterly fee.** The debtor, or trustee if one is appointed, is required also to pay a fee to the United States trustee at the conclusion of each calendar quarter until the case is dismissed or converted to another chapter. The calculation of the amount to be paid is set out in 28 U.S.C. § 1930(a)(6). As authorized by 28 U.S.C. § 1930(a)(7), the quarterly fee is paid to the clerk of court in chapter 11 cases in Alabama and North Carolina.
- ☐ **Voluntary Petition for Individuals Filing for Bankruptcy** (Official Form 101) or **Voluntary Petition for Non-Individuals Filing for Bankruptcy** (Official Form 201); **Names and addresses of all creditors** of the debtor. Must be filed WITH the petition. Fed.R.Bankr.P. 1007(a)(1).
- ☐ **Notice to Individual Debtor with Primarily Consumer Debts** under 11 U.S.C. § 342(b) (Director's Form 2010), if applicable. Required if the debtor is an individual with primarily consumer debts. The notice must be GIVEN to the debtor before the petition is filed. Certification that the notice has been given must be FILED with the petition or within 15 days. 11 U.S.C. §§ 342(b), 521(a)(1)(B)(iii), 1112(e). Official Form 101 contains spaces for the certification.
- ☐ **Bankruptcy Petition Preparer's Notice, Declaration, and Signature** (Official Form 119). Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(b)(2).
- ☐ **Statement About Your Social Security Numbers** (Official Form 121). Required if the debtor is an individual. Must be submitted WITH the petition. Fed.R.Bankr.P. 1007(f).
- ☐ **Credit Counseling Requirement** (Official Form 101); **Certificate of Credit Counseling and Debt Repayment Plan**, if applicable; **Section 109(h)(3) certification or § 109(h)(4) request**, if applicable. If applicable, the Certificate of Credit Counseling and Debt Repayment Plan must be filed with the petition or within 14 days. If applicable, the § 109(h)(3) certification or the § 109(h)(4) request must be filed WITH the petition. Fed.R.Bankr.P. 1007(b)(3), (c).
- ☐ **Statement disclosing compensation paid or to be paid to a "bankruptcy petition preparer"** (Director's Form 2800). Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(h)(2).
- ☐ **Statement of Your Current Monthly Income** (Official Form 122B). Required if the debtor is an individual. Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders** (Official Form 104) or **Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders** (Official Form 204). Must be filed WITH the petition. Fed.R.Bankr.P. 1007(d).
- ☐ **Names and addresses of equity security holders of the debtor.** Must be filed with the petition or within 14 days, unless the court orders otherwise. Fed.R.Bankr.P. 1007(a)(3).
- ☐ **Schedules of Assets and Liabilities** (Official Form 106 or 206). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Schedule of Executory Contracts and Unexpired Leases** (Schedule G of Official Form 106 or 206). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Schedules of Current Income and Expenditures.** If the debtor is an individual, Schedules I and J of Official Form 106 must be used for this purpose. Must be filed with the petition or within 14 days. 11 U.S.C. § 521(1) and Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Statement of Financial Affairs** (Official Form 107 or 207). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Copies of all payment advices or other evidence of payment** received by debtor from any employer within 60 days before the filing of the petition. Required if the debtor is an individual. Must be filed WITH the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Statement disclosing compensation paid or to be paid to the attorney** for the debtor (Director's Form 2030), if applicable. Required if the debtor is represented by an attorney. Must be filed within 14 days or any other date set by the court. 11 U.S.C. § 329 and Fed.R.Bankr.P. 2016(b).
- ☐ **Certification About a Financial Management Course** (Official Form 423), if applicable. Required if the debtor is an individual and § 1141(d)(3) applies, unless the course provider has notified the court that the debtor has completed the course. Must be filed no later than the date of the last payment under the plan or the filing of a motion for a discharge under § 1141(d)(5)(B). 11 U.S.C. § 1141(d)(3) and Fed.R.Bankr.P. 1007(b)(7), (c).
- ☐ **Statement concerning pending proceedings of the kind described in § 522(q)(1)**, if applicable. Required if the debtor is an individual and has claimed exemptions under state or local law as described in § 522(b)(3) in excess of \$160,375*. Must be filed no later than the date of the last payment made under the plan or the date of the filing of a motion for a discharge under § 1141(d)(5)(B). 11 U.S.C. § 1141(d)(5)(C) and Fed.R.Bankr.P. 1007(b)(8), (c).

* Amount subject to adjustment on 4/01/19, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

REQUIRED LISTS, SCHEDULES, STATEMENTS, AND FEES

Chapter 12 Case

- ☐ **Filing Fee of \$200.** If the fee is to be paid in installments, the debtor must be an individual and must file a signed application for court approval. Official Form 103A and Fed.R.Bankr.P. 1006(b).
- ☐ **Administrative fee of \$75.** If the debtor is an individual and the court grants the debtor's request, this fee is payable in installments.
- ☐ **Voluntary Petition for Individuals Filing for Bankruptcy** (Official Form 101) or **Voluntary Petition for Non-Individuals Filing for Bankruptcy** (Official Form 201). **Names and addresses of all creditors** of the debtor. Must be filed WITH the petition. Fed.R.Bankr.P. 1007(a)(1).
- ☐ **Notice to Individual Debtor with Primarily Consumer Debts** under 11 U.S.C. § 342(b) (Director's Form 2010), if applicable. Required if the debtor is an individual with primarily consumer debts. The notice must be GIVEN to the debtor before the petition is filed. Certification that the notice has been given must be FILED with the court in a timely manner. 11 U.S.C. §§ 342(b), 521(a)(1)(B)(iii). Official Form 101 contains spaces for the certification.
- ☐ **Bankruptcy Petition Preparer's Notice, Declaration, and Signature** (Official Form 119). Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(b)(2).
- ☐ **Statement of Your Social Security Numbers** (Official Form 121). Required if the debtor is an individual. Must be submitted WITH the petition. Fed.R.Bankr.P. 1007(f).
- ☐ **Credit Counseling Requirement** (Official Form 101); **Certificate of Credit Counseling and Debt Repayment Plan**, if applicable; **Section 109(h)(3) certification or § 109(h)(4) request**, if applicable. If applicable, the Certificate of Credit Counseling and Debt Repayment Plan must be filed with the petition or within 14 days. If applicable, the § 109(h)(3) certification or the § 109(h)(4) request must be filed WITH the petition. Fed.R.Bankr.P. 1007(b)(3), (c).
- ☐ **Statement disclosing compensation paid or to be paid to a "bankruptcy petition preparer"** (Director's Form 2800). Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(h)(2).
- ☐ **Schedules of Assets and Liabilities** (Official Form 106 or 206). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Schedule of Executory Contracts and Unexpired Leases** (Schedule G of Official Form 106 or 206). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Schedules of Current Income and Expenditures.** If the debtor is an individual, Schedule I and J of Official Form 106 must be used for this purpose. Must be filed with the petition or within 14 days. 11 U.S.C. § 521(1) and Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Statement of Financial Affairs** (Official Form 107 or 207). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Copies of all payment advices** or other evidence of payment received by the debtor from any employer within 60 days before the filing of the petition if the debtor is an individual. Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Statement disclosing compensation paid or to be paid to the attorney** for the debtor (Director's Form 2030), if applicable. Must be filed within 14 days or any other date set by the court. 11 U.S.C. § 329 and Fed.R.Bankr.P. 2016(b).
- ☐ **Chapter 12 Plan.** Must be filed within 90 days. 11 U.S.C. § 1221.
- ☐ **Statement concerning pending proceedings of the kind described in § 522(q)(1)**, if applicable. Required if the debtor is an individual and has claimed exemptions under state or local law as described in § 522(b)(3) in excess of \$160,375*. Must be filed no later than the date of the last payment made under the plan or the date of the filing of a motion for a discharge under § 1228(b). 11 U.S.C. § 1228(f) and Fed.R.Bankr.P. 1007(b)(8), (c).

* Amount subject to adjustment on 4/01/19, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

REQUIRED LISTS, SCHEDULES, STATEMENTS, AND FEES
Chapter 13 Case

- ☐ **Filing fee of \$235.** If the fee is to be paid in installments, the debtor must file a signed application for court approval. Official Form 103A and Fed.R.Bankr.P. 1006(b).
- ☐ **Administrative fee of \$75.** If the court grants the debtor's request, this fee is payable in installments.
- ☐ **Voluntary Petition for Individuals Filing for Bankruptcy** (Official Form 101). **Names and addresses of all creditors** of the debtor. Must be filed WITH the petition. Fed.R.Bankr.P. 1007(a)(1).
- ☐ **Notice to Individual Debtor with Primarily Consumer Debts** under 11 U.S.C. § 342(b) (Director's Form 2010), if applicable. Required if the debtor is an individual with primarily consumer debts. The notice must be GIVEN to the debtor before the petition is filed. Certification that the notice has been given must be FILED with the petition or within 15 days. 11 U.S.C. §§ 342(b), 521(a)(1)(B)(iii), 1307(c)(9). Official Form 101 contains spaces for the certification.
- ☐ **Bankruptcy Petition Preparer's Notice, Declaration, and Signature** (Official Form 119). Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(b)(2).
- ☐ **Statement of Social Security Number** (Official Form 121). Must be submitted WITH the petition. Fed.R.Bankr.P. 1007(f).
- ☐ **Credit Counseling Requirement** (Official Form 101); **Certificate of Credit Counseling and Debt Repayment Plan**, if applicable; **Section 109(h)(3) certification or § 109(h)(4) request**, if applicable. If applicable, the Certificate of Credit Counseling and Debt Repayment Plan must be filed with the petition or within 14 days. If applicable, the § 109(h)(3) certification or the § 109(h)(4) request must be filed WITH the petition. Fed.R.Bankr.P. 1007(b)(3), (c).
- ☐ **Statement disclosing compensation paid or to be paid to a "bankruptcy petition preparer"** (Director's Form 2800). Required if a "bankruptcy petition preparer" prepares the petition. Must be submitted WITH the petition. 11 U.S.C. § 110(h)(2).
- ☐ **Statement of Your Current Monthly Income** (Official Form 122C). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007.
- ☐ **Schedules of Assets and Liabilities** (Official Form 106). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Schedule of Executory Contracts and Unexpired Leases** (Schedule G of Official Form 106). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Schedules of Current Income and Expenditures** (Schedules I and J of Official Form 106). Must be filed with the petition or within 14 days. 11 U.S.C. § 521(1) and Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Statement of Financial Affairs** (Official Form 107). Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Copies of all payment advices or other evidence of payment** received by the debtor from any employer within 60 days before the filing of the petition. Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 1007(b), (c).
- ☐ **Chapter 13 Plan.** Must be filed with the petition or within 14 days. Fed.R.Bankr.P. 3015.
- ☐ **Statement disclosing compensation paid or to be paid to the attorney** for the debtor (Director's Form 2030), if applicable. Must be filed within 14 days or any other date set by the court. 11 U.S.C. § 329 and Fed.R.Bankr.P. 2016(b).
- ☐ **Certification About a Financial Management Course** (Official Form 423), if applicable. Must be filed no later than the date of the last payment made under the plan or the date of the filing of a motion for a discharge under § 1328(b), unless the course provider has notified the court that the debtor has completed the course. 11 U.S.C. § 1328(g)(1) and Fed.R.Bankr.P. 1007(b)(7), (c).
- ☐ **Statement concerning pending proceedings of the kind described in § 522(q)(1)**, if applicable. Required if the debtor has claimed exemptions under state or local law as described in § 522(b)(3) in excess of \$160,375*. Must be filed no later than the date of the last payment made under the plan or the date of the filing of a motion for a discharge under § 1328(b). 11 U.S.C. § 1328(h) and Fed.R.Bankr.P. 1007(b)(8), (c).

* Amount subject to adjustment on 4/01/19, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Account Services
1802 N.E. Loop 410
Suite 400
San Antonio, TX 78217

ADT Security Systems
3190 S. Vaughn Way
Aurora, CO 80014

Affinion Benefits Group, LLC
PO Box 11817
Newark, NJ 07101

Amcol Systems
PO Box 1022
Wixom, MI 48393

AP Account Services, LLC
9311 San Pedro Ave., #600
San Antonio, TX 78216

ARB Inc.
555 Van Reed Road
Wyomissing, PA 19610

ARM
PO Box 129
Thorofare, NJ 08086

ARS Account Resolution Services
1801 NW 66th Ave., #200C
Plantation, FL 33313

Associated otolaryngologists of Pennsylv
875 Poplar Church Road
Ste. 320
Camp Hill, PA 17011

AT&T
PO Box 755
Atwater, CA 95301

Bellevue Park Association
2319 Valley Rd.
Harrisburg, PA 17104

Bellevue Park Association
2319 Valley Road
Harrisburg, PA 17104

Best Buy Credit Services
PO Box 790441
St. Louis, MO 63179

Bureau of Account Mgmt
3607 rosemont Ave.
Camp Hill, PA 17011

Capital Blue Cross
PO Box 779515
Harrisburg, PA 17177

Capital One Bank
PO Box 30285
Salt Lake City, UT 84130

Capital Region Water
10 N. Second St., #305
Harrisburg, PA 17101

Capital Tax Collection Bureau
2301 N 3rd St.
Harrisburg, PA 17110

Capital Tax Collection Bureau
Harrisburg Division
2301 North 3rd Street
Harrisburg, PA 17110

Captial Tax Collection Bureau
Harrisburg Division
2301 N. 3rd Street
Harrisburg, PA 17110

Children's Family Center
4909 Louise Drive
Ste. 108
Mechanicsburg, PA 17055

Citibank SD NA/Best Buy (PO Box 6241, Si
PO Box 6241
Sioux Falls, SD 57117

Comcast
PO Box 985
Toledo, OH 43697

Comenity Bank
Bankruptcy Dept.
PO Box 182125
Columbus, OH 43218

Comenity Bank/Talbots (Bankruptcy Dept.,
Bankruptcy Dept.
PO Box 182125
Columbus, OH 43218

Comenity Bank/Vct.Secrets
PO Box 182789
Columbus, OH 43218-2789

Comenity Capital Bank
Bankruptcy Dept.
PO Box 182125
Columbus, OH 43218

Community Life Team
PO Box 8
Indiana, PA 15701

Community Life Team
PO Box 8
Indiana, PA 15701

Credit One Bank
Bank Card Center
PO Box 98873
Las Vegas, NV 89193

Daniel Stern, Esq.
25 N. Front St., #104
Harrisburg, PA 17101

Delta Outsource Group
PO Box 1210
O'Fallon, MO 63366

Edwin A. Aquino, MD P.C.
845 Sir Thomas Ct
Harrisburg, Pa 17104

Encore Receivable Management, Inc

Encore Receivable Management, Inc.
PO Box 3330
Olathe, KS 66063

EOS CCA
700 Longwater Dr.
Norwell, MA 02061

Family Care Lower Paxton c/o Peerless Cr
PO Box 518
Middletown, PA 17057

FIA Card Services
c/o Northstar Location Services
4285 Genesse St.
Cheektowaga, NY 14225

GE Capital Retail Bank
Attn: Bankruptcy Dept.
PO Box 965061
Orlando, FL 32896

Highmark Blue Shield
PO Box 382178
Pittsburgh, PA 15251-8178

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

LA Fitness
5070 Jonestown Rd.
Harrisburg, PA 17112

NCO Financial Systems
PO Box 15630, Dept. 99
Wilmington, DE 19850

Nextgear Capital, Inc.
1320 City Center Drive
Ste. 100
Carmel, IN 46032

Office of the City Treasurer
Rev. Dr. M. L. King, Jr. City Government
Harrisburg, pa 17101

PA SCDU
PO Box 69110
Harrisburg, PA 17106

Patient First - Colonial Park
5125 Jonestown Rd., Ste 105
Harrisburg, PA 17112

Pediatric Medical Group
4991 Lake Brook Dr., #300
Glen Allen, VA 23060

Pinnacle Health Emergency
6880 W. Snowville Rd., #210
Brecksville, OH 44141

Pinnacle Health Hospitals
PO Box 2353
Harrisburg, PA 17105-2353

Pinnacle Health Hospitals
PO Box 2352
Harrisburg, PA 17105-2353

Pinnacle Health Medical Group
PO Box 1129
Harrisburg, PA 17108

Pinnacle Medical Services
c/o Bureau of Account Management
3607 Rosemont Ave.
Camp Hill, PA 17011

Portfolio Recovery & Affil.
120 Corporate Blvd., Ste 1
Norfolk, VA 23502

PPL Electric Utilities
2 North 9th St.
Allentown, PA 18101

PSECU
PO Box 67013
Harrisburg, PA 17106-7013

PSECU
PO Box 67013
Harrisburg, PA 17106

Riverside Anesthesia c/o Peerless Credit
PO Box 518
Middletown, PA 17057

Sirius XM Radio Inc.
PO Box 9001399
Louisville, KY 40290-1399

Sleep Analysis Consultants, LLC
1512 E. Caracas Avenue, Ste. 400
Hershey, PA 17104

Southwest Credit
4120 International Pkwy, #1100
Carrollton, TX 75007

State Farm
PO Box 2329
Bloomington, IL 61702

Talbots c/o Portfolio Recovery Associate
PO Box 182125
Columbus, OH 43218-2125

Target Corporation Recovery Services
PO Box 30171
Tampa, FL 33630

UGI Utilities
PO Box 15523
Wilmington, DE 19886

United Recovery Systems
PO Box 722929
Houston, TX 77272

Vision Financial Corp.
PO Box 7477
Rockford, IL 61126-7477

Wells Fargo Home Mortgage
Return Mail Services
PO Box 10368
Des Moines, IA 50306-0368

UNITED STATES BANKRUPTCY COURT
Middle District of Pennsylvania

In re: **Melvin J. Le-Mon and Julia M. Le-Mon**

Debtors

Case No. _____

Chapter **7**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: **May 11, 2016**

Signed: **s/Melvin J. Le-Mon**

Dated: **May 11, 2016**

Signed: **s/Julia Le-Mon**

Signed: **s/ChadJ.Julius**

Chad J. Julius
Attorney for Debtor(s)
Bar no.: 209496
8150 Derry Street
Harrisburg, Pennsylvania 17111
Telephone No: (717) 909-5858
Fax No: (717) 909-7788

E-mail address:
cjulius@ljacobsonlaw.com

WRITTEN NOTICE REQUIRED UNDER SECTION 527(a)(2)

All information that you are required to provide with a petition and thereafter during a case under title 11 ("Bankruptcy") of the United States Code is required to be complete, accurate, and truthful.

All assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case, and the replacement value of each asset as defined in title 11 United States Code section 506 must be stated in those documents where requested after reasonable inquiry to establish such value.

Current monthly income, the amounts specified in section 707(b)(2), and, in a case under chapter 13 of title 11, disposable income (determined in accordance with section 707(b)(2)), are required to be stated after reasonable inquiry.

Information that you provide during your case may be audited pursuant to title 11. Failure to provide such information may result in dismissal of the case under title 11 or other sanction, including criminal sanctions.

Date May 11, 2016

s/Melvin J. Le-Mon

Melvin J. Le-Mon

Debtor

s/Julia Le-Mon

Julia M. Le-Mon

Joint Debtor

s/ChadJ.Julius

Chad J. Julius

Attorney for Debtor(s)

**IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE
SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER**

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of creditors where you may be questioned by a court official called a "trustee" and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

Date May 11, 2016

s/Melvin J. Le-Mon

Melvin J. Le-Mon

Debtor

s/Julia Le-Mon

Julia M. Le-Mon

Joint Debtor

s/ChadJ.Julius

Chad J. Julius

Attorney for Debtor(s)

This disclosure is provided to assisted persons pursuant to 11 U.S.C. §527(b)